

**CITY OF VERNONIA UTILITY BILLING APPLICATION**  
**1001 BRIDGE ST., VERNONIA, OR 97064**  
**OFFICE PHONE 503-429-5291 FAX 503-429-4232**

Date \_\_\_\_\_ Date Service Required \_\_\_\_\_ Account Number \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address of Utility Service \_\_\_\_\_

Mailing Address, if different than utility address \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Home Phone Number

Work Phone Number

Drivers License Number

Date of Birth

Residential Services ( )

Commercial Service ( )

\* Owner ( )

\* Renter ( )

**NEW ACCOUNT ADMINISTRATIVE FEE**

Water and sewer administrative fee is required to be paid at the time Services are initiated. The Administrative fee covers time and materials, associated with setting up this account and is non-refundable. I agree to conform and comply with all rules and regulations, which may legally be enforced while this agreement continues. If I fail to comply, after written notice from the city, I understand and agree that the city may at their choosing, refer my account to a collections agency and/or place a lien on the property. The city will upon request, supply the applicant with a copy of the rules, regulations, and rates currently in force.

Signature of Applicant

Date

\*I am the owner of property for which utility services are being requested. If the applicant fails to make payments in accordance with the rules, regulations and ordinances of the City of Vernonia, I agree to be liable for those charges by signing this agreement.

\*

Name of Property Owner

Signature of Property Owner

Property Owner's Mailing Address \_\_\_\_\_

Property Owner's Phone Number ( ) \_\_\_\_\_

Change of Address \_\_\_\_\_

"The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname."

Race: (Mark one or more) White \_\_\_ Black or African American \_\_\_ American Indian/Alaska Native \_\_\_ Asian \_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_  
Ethnicity: Hispanic or Latino \_\_\_ Not Hispanic or Latino \_\_\_

**Office Use Only**

Administrative Fee \_\_\_\_\_ Refundable Deposit \_\_\_\_\_ Receipt Number \_\_\_\_\_

Date Paid \_\_\_\_\_ Received By \_\_\_\_\_

The City of Vernonia is an Equal Opportunity Provider and Employer